

STATE OF MONTANA
Division of Banking and Financial Institutions
316 S. Park, Suite 316
PO Box 200546
Helena MT 59620-0546
Phone: 406/841-2920 Fax: 406/841-2930
URL: www.discoveringmontana.com/doa/banking

Application for Approval as a Provider of Education

Complete this form and submit to the address above with appropriate fees.

1. Sponsoring Organization: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ URL: _____
Contact Person: _____ E-Mail: _____

2. Course Title: _____ Course Cost: \$ _____
3. Is this course available online: Yes _____ No _____
4. Credit hours requested for this course: _____
5. Is course accessible to persons with disabilities: Yes _____ No _____
6. List any admission restrictions: _____
7. Method of evaluation: _____
8. Description of materials to be distributed: _____
9. When are materials distributed?: _____
10. Method of presentation: _____
11. Total instruction time: _____

12. Required enclosures:
- a. Course brochures, outlines, schedules, and course description (include a breakdown of time spent on each topic).
 - b. Course instructor name(s) and credentials.
 - c. A *complete* set of materials for curriculum. Materials will be retained by the Division of Banking and Financial Institutions. Electronic format is acceptable.
 - d. Company history.
 - e. Sample course certificate.
13. List of other states in which licenses to provide similar education are held.
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ONE COURSE PER FORM
FORM MAY BE DUPLICATED WITHOUT MODIFICATION

Education Provider Agreement

Name: _____

Address: _____

City, State, Zip: _____

Course Title: _____

Provider agrees to:

1. Properly monitor participant's attendance and attention.
2. Issue certificates of attendance/completion to any participant who satisfactorily completes approved course offerings.
3. Maintain students' records for 3 years.
4. Submit a class roster to the Division of Banking and Financial Institutions within 15 days of students who successfully completed the course.
5. Report any material changes including addition of or substitution of instructors in the information submitted to the division no less than 30 days prior to proposed use.

I certify that the information herein is true to the best of my knowledge and, if approved as an authorized education provider, agree to the guidelines as stated above.

Authorized Signature

Title

Date

Printed Name